

CAMP OVERVIEW

WHAT YOU CAN EXPECT:

1. GARNET BASKETBALL camp seeks to develop basketball fundamentals through creative teaching, individual and group learning and fun.
2. Campers will be greeted by an energetic and enthusiastic staff, with both basketball and teaching backgrounds.
3. Each session provides a new opportunity to learn different skills to be fine tuned at home.

PROGRAM CONTENT:

Day 1 - Weak hand dribbling and scoring

Day 2 - Shooting, shooting and more shooting!!!

Day 3 - Defense!!! Team and self-improvement skills

Day 4 - Fun Games- review days 1-3

**SPACE IS LIMITED!
REGISTER TODAY!**



Contact information:

Head Girls Varsity Coach

Lauren Kendra

609-617-2989

Head Boys Freshman Coach

Ed Purdy

609-707-7476

GARNETS SKILLZ & DRILLZ BASKETBALL CAMP 2018



**AUGUST 6th-9th
6:00pm – 8:00pm**

**Boys and Girls
4th-8th Grade**

Haddon Heights
Junior/Senior High School
301 Second Avenue
Haddon Heights NJ 08035

OBJECTIVE:

The primary objective of the GARNET BASKETBALL CAMP is to develop fundamental basketball skills while emphasizing the fun of the game. The camp curriculum is a combination of small station drills, full court games and lectures designed to advance the player’s understanding of game concepts and team play. All players will be challenged to reach their highest potential by the current staff and players of Haddon Heights High School.

FEES

***\$80 1st child - \$40 2nd
3rd FREE!***

Please print player’s name on your check, and attach a signed waiver and player info form.

***Make checks payable to:
Haddon Heights Basketball**

REGISTRATION:

**Register online before August 6th
by emailing Coach Kendra @
kendral@hhsd.k12.nj.us**

**OR COACH PURDY @
purdye@hhsd.k12.nj.us**

**You may also sign a registration
brochure and mail a check to:**

Garnet Basketball Camps
143 Manor Ave
Oaklyn, NJ 08107

WAIVER:

Parent Statement (**MUST be signed**) I hereby release Haddon Heights High School from any responsibility/damages for any injuries resulting from my child’s participation in the GARNET’S SKILLZ & DRILLZ BASKETBALL CAMP. If for any reason it appears that my child needs medical attention, I grant permission for my child to be referred at the discretion of the GARNET’S SKILLZ & DRILLZ BASKETBALL CAMP and STAFF.

Parent signature:

PLAYER INFO:

Name: _____

Address:

City/State/Zip:

Phone _____

Email: _____

Entering grade in Fall 2018:

Age: _____

School: _____

T-Shirt Size: _____

Emergency Contact:

Emergency Phone:

**Please list and explain any health
problems we should be aware of,
please explain below.**

